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PTO/SB/21 (6-98)

Approved for use through 09/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

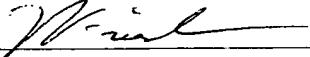
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/475,301
MAR 02 2001 U.S. PATENT AND TRADEMARK OFFICE RECEIVED		Filing Date 29 December 1999
		First Named Inventor Len EKKERT
		Group Art Unit not yet assigned
		Examiner Name not yet assigned
Total Number of Pages in This Submission 4		Attorney Docket Number 1620/76982

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notices, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Request for Refund for Overpayment
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	L. Friedman, Registration No. 37,135	
Signature		
Date	25 JAN 2000	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope Addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on this date: January 25, 2000		
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Typed or Printed Name	L. Friedman	
Signature		Date
	January 25, 2000	

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PATENT
1620/76982

6/Reg Refund
3-22-01

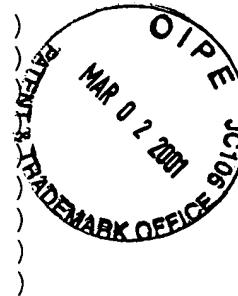
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application For:
CAP AND CONTAINER ASSEMBLY

Applicant: Len EKKERT

Serial No.: 09/475301

Filed: 29 December 1999



I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on this date.

Date 25 JAN 2000 Registration No. 37-35
Attorney for Applicant(s)

REQUEST FOR REFUND FOR OVERPAYMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

The captioned application was filed on 29 December 1999, and was accompanied by a check including a \$380 filing fee. However, the small entity filing fee was reduced to \$345 on 29 December 1999. In accordance with 37 CFR §1.26(a), the applicant respectfully requests that the overpayment of \$35 be credited to Deposit Account Number 23 0920.

Respectfully submitted,

WELSH & KATZ, LTD.

25 January 2000
120 South Riverside Plaza
22nd Floor
Chicago, Illinois 60606
(312) 655-1500

By L. Friedman
L. Friedman
Reg. No. 37,135

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

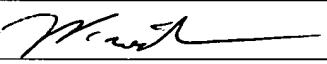
(to be used for all correspondence after initial filing)

		Application Number	08/475,301
		Filing Date	December 29, 1999
		First Named Inventor	Ekkert
		Group Art Unit	3727
		Examiner Name	Newhouse, N.
		Total Number of Pages in This Submission	17

ENCLOSURES (check all that apply)

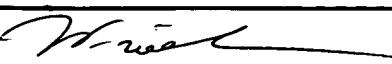
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<div style="border: 1px solid black; padding: 5px;">Marked-up copy of amended claims; Copy of Preliminary Amendment submitted 01/31/00 with copy of postcard showing QIPE stamp of receipt</div>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		The Commissioner is hereby authorized to charge any fees which may be required to Deposit Account No. 23-0920. A duplicate copy of this document is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	L. Friedman, Registration No. 37,135		
Signature			
Date	27 FEB 2001		

CERTIFICATE OF MAILING

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Typed or Printed Name	L. Friedman		
Signature		Date	February 27, 2001

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In re Patent Application
Ekkert
CAP AND CONTAINER ASSEMBLY
Serial No. 09/475,301
Filed: 29 December 1999

LF/efk
1620/76982
January 25, 2000

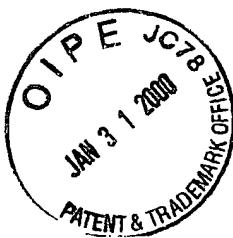
Transmittal Form w/ cert. of mailing; Preliminary Amendment A w/ cert. of mailing; Request for Refund of Overpayment w/ cert. of mailing; Postcard receipt.

ASSISTANT COMMISSIONER FOR PATENTS:

Please acknowledge receipt of the above-identified documents by applying the Patent and Trademark Office receipt hereto and mailing this card.

Respectfully,

WELSH & KATZ, LTD.



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FEE TRANSMITTAL

for FY 1999

Patent fees are subject to annual revision.

Small Entity payments **must** be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Ekkert
Examiner Name	
Group / Art Unit	
Attorney Docket No.	1620/76982

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 23 0920

Deposit Account Name Welsh & Katz, Ltd.

 Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.172. Payment Enclosed: Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	760	201 380 Utility filing fee	380
106	310	206 155 Design filing fee	
107	480	207 240 Plant filing fee	
108	760	208 380 Reissue filing fee	
114	150	214 75 Provisional filing fee	

SUBTOTAL (1) (\$)

380

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
17	-20**	= -	X - = -
3	-3**	= -	X - = -
Multiple Dependent			

**or number previously paid, if greater; For Reissues, see below

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
103	18	203 9 Claims in excess of 20	
102	78	202 39 Independent claims in excess of 3	
104	260	204 130 Multiple dependent claim, if not paid	
109	78	209 39 ** Reissue independent claims over original patent	
110	18	210 9 ** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

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* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

40

Complete if applicable

SUBMITTED BY

Name (Print/Type) L. Friedman

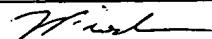
Registration No. (Attorney/Agent)

37135

Telephone

312-655-1500

Signature



Date

29 December 1999

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